File with:

Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

DISCLOSURE SUMMARY PAGE

Disclosure Board 510 E. 12 th , Ste. 1A				, WE	Turpo Am
Des Moines, Iowa 50319 Fax: 515-281-4073	1	NS, SEE BACK OF FORM SUMMARY PAGE		PM 1.15	. 62
COMMITTEE NAME (Must b	e same as on Statement of Orga	anization)			16 11112:31
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge	of committee you are reporting for: Standing for Retention Candidate (2)State PAC (3)State Party	_	FORM DR-2 Rev. 07/2007)	DISCLOSURE REPORT
(4)County Central Committee (Subdivision Candidate (8)Cour 11) Local Ballot Issue	5)County Candidate (6)City Candity PAC (9)City PAC (10)School	idate (7)School Board or Other Poli Board or Other Political Subdivision F	PAC (For Office Use Or Comm. #	4054
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable) [
Office Sought		District (if Senate or House			
lamite	LING REPORT	rsuant to Iowa Code sections 688. (GH) 442 - 2549 TELEPHONE			undidate, for a Vary 2008 IGNED
I AM FILING A JAN V	-	REPORT FOR (1) ELECTION		-ELECTION YE	AR.
(r	eport date)	Indicate I	oy # 🖊		
☐CHECK IF AMENDMENT T	O REPORT DATED		Local Con	nmittees, enter Da	te of Election
	ation) report and attach Notice on file reports until a DR-3 is filed			Local Committees ction is held	, enter County in
STATEM	ENT OF CASH ON HAND				
committee. This ame	ning of the reporting period. (To ount MUST be the same as the o period or must be zero if this is fi		\$	<i>15</i> 73	s, 47
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD				AU Ceo
Schedule A: Cash C	ontributions total (Attach Sched	ule A) (*also see in-kind below)	•••••	45	5.00 ** solat
		F)			
Schedule H: Total S	ales of Campaign Property (Atta	ch Schedule H)		······	
(Schedule I	Happlies to Candidates' Comr	mittees Only)		_	
		SUB-TOTAL	\$	202	28.47
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD				
Schedule B: Expend	litures total (Attach Schedule B)	(**also see debts and loans below	w)	2	20.00
Schedule F: Loan Re	epayments total (Attach Schedu	le F)			
CASH ON HAND at the end of	f this reporting period (if final rep	ort balance must be zero)	\$		8.47
**UNPAID BILLS (From Sche	dule D - Attach Schedule D)		\$		
		dule E)		157.	20
		le F)			No Third day on a second
CONSULTANT BREAKDOW				YES	NO
CANDIDATE COMMITTEES (•				-
	PERTY (From Schedule H - Atta	ch Schedule H)	\$		
	nit a reconciled campaign accour	•	7		

F	or	Instructions	2 500	Rack	of Form
•	VI.	III SU UCUOTA	3, JUU	Dack	OI FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Decatir Co. Dem. Contral Committee

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
	NUMBER		(if applicable)		RAISER INCOME
4/28/07	CK#	Arlo Hillmyer 24300 190th Leon 1A 50144		\$ 10000	V
4/28/07	ID# CK#	Doug Jones 319 Consit Lanous 1+50/40		5000	
4/28/07	ID# CK#	203 NE13 Leon 17 50149		2500	
4/28/07	ID# CK#	Kay Henry 26980 HY 66 Pleasanton 50061		2500	
4/28/07	ID# CK#	Stere Carole Waternan 214 E Cass Osceola 14 50213		3000	
4/28/07	ID# CK#	Misc, Contros. < \$ 2500 From fundraiser attendees		17400	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				<u> </u>
	CK#				
	ID#		74 PM		
	CK#				
			SUB-TOTAL	. UC4 m	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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Th	Form
Keser	rorm
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

Deen	fur Co De	m, Certral. Courtee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/9/07	ID# CK# /22/	Leon St. Reporter Les on 1A	Advertisemts Election 06	\$ 110 00
4/28/00	ID# CK# (222	Dec. Coty Comn. Ctr. Decutri City 14	Hall fertal Bean Supper	30 [©]
7/18/07	CK# /22-3	Decator, Co. Far Board Loon 1A	Table Restal @ courty Fear	50 00
7/18/00	CK# 1224	been It. Reporter been 1st	Ad-Bean Supper	3000
	CK#			
	ID# CK#			
	ID# CK#			
	l ID#			

SUB-TOTAL \$ 220

TOTAL (if last page of this schedule)

\$ 220 80

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

CK#

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 ΟŢ	

COMMITTE	E NAME (Must be same as on Statement of Organiza	E (Rev. 06/97)	IN-KIND CONTRIBUTIONS			
Decutur Co. Democratic (ent. Committee					CHECK THIS BOX IF AMENDING FORM	
DATE						
	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
4/28/07	NAME AND ADDRESS OF CONTRIBUTOR Deborch Rowe ? Dan? Ch Dawd Devrn? Mawhyn Ovens Decator Co Kay Herry Pleas and on	hy	Foot from For Bean Supper	1000		
4/28/07	Kay Heinry Pleasanton	/	Pies Son Pie Auchon, Beay Supper	500	/	
1/14/08	David Devonis Treasurer		Beau Supper \$100 to been active yy	100		
			on e	oini A		
			SUB-TOTAL	\$157,00		
			TOTAL (if last page of this schedule)	107,00		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____ of ___ (for Schedule E)

SCHEDULE